PTO/SB/47 (03-09)
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| For the following listed application(s), please recognize as the "Fee Address" under the provisions 1.363 the address associated with: Customer Number: 62730 OR The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER (If known) 10/815,018 Completed by (check one): | s form. For P) § 403. |
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| OR The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER APPLICATION NUMBER (If known) 10/815,018 | of 37 CFR |
| The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER (If known) 10/815,018 | |
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| Completed by (check one): | |
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| · | - |
| Applicant/Inventor /Dermot G. Miller/ | |
| Signature | |
| Attorney or Agent of record 58,309 Dermot G. Miller | |
| (Reg. No.) Typed or printed name | ne |
| Assignee of record of the entire interest. See 37 CFR 3.71. (503) 439-8778 | |
| Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone (Form PTO/SB/96) | number |
| Assignee recorded at Reel Frame March 30, 2010 | |
| Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple form signature is required, see below. | ns if more that one |
| * Total offorms are submitted. | |

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